Town Of Fishkill Application for Appointment to Advisory Boards/Committees

| Name | | Date |
|------------|---|--|
| Addres | ss | |
| Home Phone | | Cell Phone |
| Occupation | | Email |
| 1. | Interested in serving on (committee/bo | pard) |
| 2. | _ | |
| 3. | | Voter? |
| 4. | | |
| 5. | | aining from work and/or life experience that relates to your interest in |
| 6. | What Town government experience ha | ave you had? |
| 7. | What community experience have you had? Have you served as an officer or held any leadership position in any other community organization? | |
| 8. | Additional information for the Supervisor to consider. (Please add to this form as necessary.) | |
| 9. | Do you have any restrictions on your availability to attend meetings? | |
| | Please call Gail Mulligan at 845-831-7800 ext 3318 to indicate your interest or to find out more about a committee or board, the time commitment involved, and the process of appointment. Please complete this form and return it to Fishkill Town Hall, 807 Route 52, Fishkill, NY 12524. | |
| | | Office Use Only |
| | Registered Voter | Attended Meetings |
| | Interviewed | • |
| | | |
| | Appointment Letter | <u></u> |